

OEN JC67
JUL 29 2004
& TRADEMARK OFFICE



EV 313843119 US

ORIGIN (POSTAL USE ONLY)		
PO ZIP Code <i>94118</i>	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In <i>07/23/04</i>	Postage <i>\$ 17.50</i>	
Mo. Day Year <i>MON 23 04</i>	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Return Receipt Fee
Time In <i>15:47</i>	Military	
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	
Weight <i>1 lbs. 5 ozs.</i>	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials <i>CL</i>	Total Postage & Fees. <i>\$ 17</i>

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No. *[REDACTED]*

X941756

UNITED STATES POSTAL SERVICE

**EXPRESS
MAIL**

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>FED</i>
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>USPS</i>
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY Weekend Holiday

Customer Signature

Federal Agency Acct. No. or
Postal Service Acct. No.

TO: (PLEASE PRINT)

PHONE ()

ASSISTANT COMMISSIONER
FOR PATENT & TRADEMARKS
PO BOX 1450
ALEXANDRIA

VA 22313-1450

EMS

PRESS HARD.

You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com

BEST AVAILABLE COPY

Finance Copy
Label 11-F June 2002



Patent

EV313843119US

DATE: February 3, 2004

THE EXPRESS MAIL NUMBER OF THE DAY IS EV 313 843 119 US

THE PERSON TAKING EXPRESS MAIL

TO THE POST OFFICE IS: _____

Date of Deposit February 3, 2004 hereby certify that the below-listed papers or fees were inserted into a package that was addressed to the Assistant Commissioner For Patents, PO Box 1450 Alexandria, VA 22313 and was deposited by me with the United States Postal Service "Express Mail Post Office Addressee" service under 37 C.F.R. §1.10 on the date indicated above.

Signature

Date 2-3-04

ATTY/SEC	DUE DATE	CLIENT NUMBER	DESCRIPTION	
TDK/DMB/mo	n/a	60950-0089-US 3447-0089	Utility Patent Application Transmittal; Patent Application Fee Value Sheet (in duplicate); Declaration for Patent Application; Patent Application (12 pages); Four Sheets of Figures (Figs. 1-4); return postcard	x
TDK/RRB/lrv	2/3/04	61040-016 9811-0016	Amendment Fee Transmittal; Petition for Extension of Time; Amendment and Response; Submission of Sequence Listing (copy page); Transmittal of Revocation and Power of Attorney; Executed Revocation and Power of Attorney; Certificate of Limited Recognition; and return postcard.	x
TDK/RRB/lrv	2/3/04	61040-016 9811-0016	Submission of Sequence Listing; Statement to Support Filing and Submission; Sequence Listing on Paper; Computer Readable Form of Sequence Listing (CD-Rom); Certificate of Limited Recognition; and return postcard.	x
TDK/sjk	2/3/04	060945-0072 11038-072	Response to Office Action w/1-month extension of time (duplicate page); Return Postacrd	x